

|                             |                         |              |                        |                                  |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/376,317 | FILING DATE<br>08/18/99 | CLASS<br>424 | GROUP ART UNIT<br>1633 | ATTORNEY DOCKET NO.<br>P-3569CON |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|

APPLICANT

KENNETH B. STOKES, ANOKA, MN; JOSEE MORISSETTE, BLAINE, MN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 08/682,277 07/17/96

MS

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

MS

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

MS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/09/99

|   |  |                           |                        |                       |                            |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met           | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>65 | INDEPENDENT<br>CLAIMS<br>5 |
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ |  |                           |                        |                       |                            |

ADDRESS

PAUL K LEGAARD  
WOODCOCK WASHBURN KURTZ MACKIEWICZ &  
NORRIS  
ONE LIBERTY PLACE 46TH FLOOR  
PHILADELPHIA PA 19103

TITLE

SYSTEM AND METHOD FOR GENETICALLY TREATING CARDIAC CONDUCTION  
DISTURBANCES

|                                       |   |   |
|---------------------------------------|---|---|
| FILING FEE<br>RECEIVED<br><br>\$1,986 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---------------------------------------|---|---|